

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
04-003

2. STATE  
South Carolina

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
April 1, 2004

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$19  
b. FFY 2005 \$40

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

BASIC TEXT Page 66(b)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

BASIC TEXT Page 66(b)

10. SUBJECT OF AMENDMENT:

To reflect new rates for administration of vaccines through the DHEC Vaccines for Children Program.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

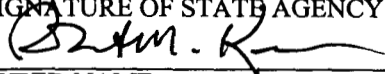
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Mr. Kerr was designated by the Governor to  
review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Robert M. Kerr

14. TITLE:

Director

15. DATE SUBMITTED:

March 18, 2004

16. RETURN TO:

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

FOR REGIONAL OFFICE USE ONLY

RECEIVED  
DATE  
BY  
APPROVED  
DATE  
BY  
APPROVED  
DATE  
BY

Revision: HCFA-AT-94-8 (MB)  
October 1994

State/Territory: South Carolina

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines  
under the Pediatric Immunization Program

1928(c)(2)(i) A provider may impose a charge for the administration  
(c)(ii) of a qualified pediatric vaccine as stated in  
the act 1928(c)(2)(c)(ii) of the Act. Within this overall  
provision, Medicaid reimbursement to providers will  
be administered as follows.

(ii) The State:

— sets a payment rate at the level of the  
regional maximum established by the DHHS  
Secretary.

— is a Universal Purchase State and sets a  
payment rate at the level of the regional  
maximum established in accordance with  
State law.

X sets a payment rate below the level of the  
regional maximum established by the DHHS  
Secretary.

— is a Universal Purchase State and sets a  
payment rate below the level of the regional  
maximum established by the Universal  
Purchase State.

The State pays the following rate for the  
administration of a vaccine:

1926 of (iii) Medicaid beneficiary access to immunization  
the act is assured through the following methodology:

TN MA 04-003

Effective Date: 04/01/04

Supersedes

Approval Date 06/03/04

TN MA 94-019